
COMMUNICABLE DISEASE MANAGEMENT PLAN OUTLINE

Developed jointly by responsible Physician, Facility Administrator, and County Health Officer.

I. IDENTIFICATION

- Which diseases should be included (based on local incidences – range from vermin to HIV)
- Section 1051, Segregation of Suspected Communicable Diseases (including tuberculosis, hepatitis, sexually transmitted disease (STD), AIDS, or others); and subsequent isolation as needed
- Section 1207, Medical Receiving Screening
 - Known communicable diseases
 - Symptoms of communicable disease
 - Role of check x-rays at intake (large jails)
- Screening work furlough inmates

II. TREATMENT

- Responsibility of medical staff
- Considerations include:
 - Develop treatment plan for suspect or verified cases
 - Length of incarceration of persons with latent disease
 - Direct observed therapy
 - Need for isolation; procedures for initiating and discontinuing isolation

III. CONTROL

- Reporting within facility (H&S 199.95)
 - How it is done/forms used
 - Confidentiality
- Reportable diseases, procedures/forms (medical staff must report certain diseases to local health officer)
- Universal Precautions
- Other Special Precautions (e.g., Enteric)

- Protective Measures/Control Equipment
 - Negative pressure isolation rooms; address appropriate design, monitoring and maintenance of room to specifications
 - HEPA filters and ultra violet lamps
 - Personal protective equipment such as gloves and respirators
 - Medical waste containers (sharps, red bags), disposal
 - Special equipment for spectrum induction
- Contact Tracing
 - Procedures for consulting with local health officer, initiating, testing, reporting results and preventative therapy
- Separation of immunologically vulnerable (HIV, pregnant)
 - Housing in areas of lower inmate turnover to separate from inmates who may have incubating diseases which have not been diagnosed (e.g., Rubella, Chicken pox, TB, etc.)
- Prophylaxis during disease outbreaks
- Transportation issues
 - Procedures for separation/protection

III. FOLLOW-UP

- Link with local Health Department
- Transfer procedures
 - Notify receiving facility's medical officer and Local Health Officer prior to transferring inmate with known or suspected active TB
 - Notify Local Health Officer prior to release of these inmates to community

IV. TRAINING

- Inmate training
- Staff training
 - Institution procedures for communicable disease management; OSHA regulations

V. COMMUNICABLE DISEASE PRECAUTIONS FOR INMATES

- Inmate workers
 - Kitchen
 - Laundry

- Exposures in housing areas

VI. EMPLOYEE ISSUES

- Screening (e.g., TB skin tests, baseline and periodic)
- Prevention (e.g., Hepatitis B vaccine, INH for latent TB)
- Plan of action for disease exposure incidents
 - Report to supervisor
 - Document (e.g., facility incident reports, workers' compensation reports, DHS 8479, DHS 8459, Cal/OSHA log 200)
 - Timely referral to treating physician
 - Testing for HIV, Hepatitis B, C, etc.
- Pregnant and Immunocompromised Employees – Work Assignments

VII. STATISTICS

- Tracking patterns of diseases (e.g., conversion rates of tuberculosis among employees, incidents and prevalence rates for diseases among inmates)